

System Type - All SW and GUI (except alt. filtration)

PWSID#:

ME License #:

Reporting period (month and year):

Signature: _____ Date: _____

Treatment plant/pump station:

Non-transient Non-community →

Transient Non-Community →

Select one

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

List any new or changed system information (facilities, treatments, sources, operators, address, tele, ect.):

List any operation problems or comments:

From table below: \

List units:
(i.e. lbs, gal)

Reporting dis.
log
inactivation is
optional.

If only able to report monthly total, enter it on this line.

[illegible]

(report fluoride info on separate fluoride form)

Number	Chemical Name	Purpose	Chemical Strength
1			
2			
3			
4			
5			
6			
7			
8			

Number of routine samples taken:

Number of positive samples:

Number of routine samples required:

Number of repeat samples taken: